FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10: 13

DOCUMENT # L09949 (3)

1. Corporation Name
PET CENTER OF SEBASTIAN, INC.

Principal Place of Business	Mailing Address
%RICHARD P. GILLESPIE 11624 US1 SEBASTIAN FL 32958	%RICHARD P. GILLESPIE 11624 US1 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0136243 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt #, etc		27 Suite, Apt #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

GILLESPIE, RICHARD P
8955 102ND COURT
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

81 Name: TERESA B. GILLESPIE
82 Street Address (P.O. Box Number is Not Acceptable): ~~1566 PLEASANT VIEW LANE~~
83 8955 102nd Ct 32967
84 City: ~~SEBASTIAN~~ Vero Beach FL 85 Zip Code ~~32958~~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Teresa Gillespie — Teresa Gillespie - President — DATE 6/7/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	GILLESPIE, RICHARD P	1 2 NAME	PLEASE DELETE
STREET ADDRESS	1568 PLEASANT VIEW LANE	1 3 STREET ADDRESS	
CITY ST ZIP	SEBASTIAN FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	GILLESPIE, TERESA B	2 2 NAME	
STREET ADDRESS	1568 PLEASANT VIEW LANE	2 3 STREET ADDRESS	
CITY ST ZIP	SEBASTIAN FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teresa Gillespie — TERESA B. GILLESPIE — 407-589-2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0074802 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L10453** **(3)**

1. Corporation Name

PORT ST. LUCIE LANDOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
48 RICHMOND DR. NEW SMYRNA BEACH FL 32169	48 RICHMOND DR. NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1989
3a. Date of Last Report: 08/22/1994

2. Principal Place of Business
21: 952 POMPANO DR.
22: —
23 City & State: JUPITER FL
24 Zip: 33458
25 County:

2a. Mailing Address
26: P.O. BOX 7115
27: Suite, Apt. #, etc.
28 City & State: JUPITER FL
29 Zip: 33468
30 County:

4. FEI Number: 59-2972722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has taxable, for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARTDORN, JEFFREY L.
48 RICHMOND DRIVE
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name: DANIEL A. RAHFELDT
82 Street Address (P.O. Box Number is Not Acceptable)
83: 952 POMPANO DR
84 City: JUPITER FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: [signature] DANIEL A. RAHFELDT 6/9/95
(Signature of printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	11 TITLE	PTS	☑ Change ☐ Addition
NAME	HARTDORN, JEFFREY L.	12 NAME	DANIEL A. RAHFELDT	
STREET ADDRESS	48 RICHMOND DR.	13 STREET ADDRESS	952 POMPANO DR	
CITY ST ZIP	NEW SMYRNA BEACH FL	14 CITY ST ZIP	JUPITER FL 33458	
TITLE	VDC	21 TITLE	VDC	☑ Change ☐ Addition
NAME	HARTDORN, JEFFREY L.	22 NAME	DANIEL A. RAHFELDT	
STREET ADDRESS	48 RICHMOND DR.	23 STREET ADDRESS	952 POMPANO DR	
CITY ST ZIP	NEW SMYRNA BEACH FL	24 CITY ST ZIP	JUPITER FL 33458	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DANIEL A. RAHFELDT 6/9/95 407-747-2135
(Signature and typed or printed name of signing officer or director) Date (Daytime Phone #)

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